

[illegible]

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						
102						
103						
104						
105						
106						
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140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
Total Indep	1					
Total Depend	32					
Total Claims	33					